Hatherleigh 1 September 2015

Questions and Concerns

Home based care

My husband is my carer; when he had to go into hospital I was able to go into Holsworthy hospital as I need a stand aid. If it hadn't been for Holsworthy I would have had to go with him and I didn't need an acute bed. You need some emergency beds for people to use.

I have to pay for my own physio and care is what all of my pension goes on. I was told because I own my own house we don't get any support.

The new Care Act that came out this year, and it puts a duty on social services to help people find care and support even for those above the threshold. We encourage people to ask your local social services for support if you receive long term social care.

Does your plan fit with the social services plan to block book beds for respite and rehab.
We are talking about short term, health-funded care that replaces a stay in a community hospital. The CCG, together with Devon County Council look at the wider need for social and respite care.

Will staff use all their own cars? Pool cars? One of the biggest expenses will be travelling time.
We'll use local patch teams to reduce the amount of travel that our nursing and therapy teams are required to do. We currently have six Health and Social Care teams located in different areas across Northern Devon for every patch there are nurses based there. Community nursing staff have an option of using their own cars for work purposes and are then reimbursed for mileage in accordance with the NHS's national terms and conditions. This allowance reduces after 3500 miles. Alternative they can choose to be part of the lease car system or use a pool car.

Is there still a 6 week service to care for people when they come home?
Yes, this is called step-up and step-down care.

Step down care helps people to get home from a stay in hospital sooner. It focusses primarily on rehabilitation.

Step up care helps people to avoid an admission to hospital, and largely involved the Rapid Response service.

These services form part of the home based care service and will be enhanced in area/s where beds are removed.

What is the skill mix between RGNs and Auxillary nurses in home care?
Within the home based care teams we have registered nurses, physiotherapists, occupational therapists and health care assistants. Every patient will receive

something different depending on their needs, so there is not one service that everyone will receive.

What about continuity of care? My experience was terrible. You always see someone different. I had 4 different nurses per day for 11 days.
We agree that this is not satisfactory and that people like continuity of care. The use of agency nurses has had an impact on this. We are trying to recruit substantive posts to address this and also to recruit domiciliary care staff.

How much would it cost the Trust to pay for the extra training needed for staff?
It will vary from person to person, but we'll have shadowing and double-up time which is the only thing that will take some time. The skill sets are already there, but we'll be supporting people to work more autonomously.

Will you have better links with Social Services?
Yes social workers already form part of our community teams and we are committed to improving the integration between health and social care as we recognise this is an issue.

Another factor is the river Torridge which always floods – carers have trouble getting to people.
We have robust contingency plans in place for all areas and the local staff will have backup plans for people who live in areas at risk of flooding.

Accessibility

It's much easier to get from Hatherleigh to Holsworthy than to Okehampton, even though Okehampton is closer in miles.

We feel that Okehampton is our local hospital as it is only 8 miles away.

It is very difficult to get to NDDH. There are no buses and it takes 45 – 50 minutes by car.

Option to have beds at NDDH

What facilities will be lost at NDDH if all the beds go there – something will have to give – will this be ward space?
We can't build a new ward. However, we have been carrying out various initiatives to reduce the length of time people stay in the acute hospital and we believe that this would free up space within the hospital for the community beds. This is something that we are still working up. At the moment it is just a suggestion.

In cases of infection surely different units help to reduce the impact? If all the beds are at NDDH then everything would be closed?

This is why flexibility for surge is one of the decision-making criteria. There are benefits to having everything under one roof, but also drawbacks and these will need to be considered by the Board when they make their final decision.

Consultation process

Are you removing beds from the GPs?
No, we are trying to support the GPs to work in different ways. GPs will still have access to beds for their patients if they need them. They may just be in different places.

What is the difference between NDHT and the CCG?
NDHT are the providers – we deliver healthcare services to people. We run the hospitals and the community teams, we employ the nurses and doctors and healthcare assistants and we are ultimately responsible for delivering safe and effective care to patients.

The CCG are the Commissioners – they make long term decisions about what services are needed across all of Devon and then they commission, or buy the services from the providers.

Are you involving staff in this consultation?
Yes, during June and July we ran 24 engagement events across all areas of the Trust, asking our staff to feedback their views on how we can deliver services which are better for patients and more efficient of the Trust. Around 300 staff members attended in total.

We have also very much encouraged staff to get involved in the public consultation and many staff members have attended these meetings, and expressed their views. We get similar feedback from staff at the community hospitals to that of the local community. Local hospitals are valued very highly by both the staff who work there and by the patients. This is something we are very proud of at the Trust.

A few weeks ago we were at a meeting in Torrington that said there had been no decision about Torrington. Then we heard it was closed – you are not trusted.
No decision has been made about the outcome of this consultation. We know that all of the options will deliver the savings that we need, and we do not have a preferred option.

The feedback we have had to date about accessibility and what really matters to local people in the different towns has been invaluable to us and will help the Board to make the right decision for the people of North Devon and Torridge. We will ensure that we clearly articulate how your feedback informs our final decision.

How many beds have already gone?
10 beds in Torrington and 10 beds in Ilfracombe were closed due to safe staffing issues. The Mid-Staffs Hospital scandal, highlighted the need for appropriate nurse to patient staffing levels and guidance tells us that a ratio of 1 nurse to 8 patients is

appropriate, and that there should be no lone-working registered nurses. This means that the minimum safe number of beds per unit is 16. Therefore, Torrington and Ilfracombe beds had to be closed.

The finances

How are you separating the £5 million between North and East?
The split is 1:3 so North is £1.25 million and East is £3.75 million.

Other

What happened to all of the equipment we bought for Wynsford hospital? It was so irresponsible to throw everything away.
It is hard to say exactly what happened to that exact equipment. We are afraid we can't comment on that. However, where possible we always re-use equipment. For example when beds in Torrington and Ilfracombe were closed, equipment was used at other sites. Where we can reuse them we do. But there are also stringent standards that all hospital equipment needs to meet. If things don't meet them then unfortunately we do need to dispose of them.

Are you creating inequalities by reducing beds, if people can't get social care easily and the private sector doesn't always have availability?
We absolutely do not want to create inequalities. Where beds are removed, extra health and social care services will be put in place for those people who can be looked after in their own homes safely. We believe that we can offer better outcomes for people in their homes. 40% of people who are in a community hospital will never go back to their own home, as they will have to be discharged to a care home. We think that that is not acceptable and that's why we truly believe that what we are doing is in the best interests of our patients.

The issue of private sector availability of long-term social care, whilst a real issue, is not something that we can alter and we know that Devon County Council is looking at this.

What % of occupancy do you want to have?
We believe that 85% occupancy is the ideal level. There is more information about this in the CCG bed modelling paper which can be found here:
http://www.newdevonccg.nhs.uk/northern/care-closer-to-home/100955